



EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

November 2015

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Division of Disease Control and Health Protection



Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932

Fax: (727) 820-4270
(excluding HIV/AIDS)

Report HIV/AIDS by mail:

Surveillance Room 3-138

205 Dr. MLK Jr St. N
St. Petersburg, FL 33701

Animal Bite Reporting:

Phone: (727) 524-4410
x7665

New Reporting Numbers for the Epidemiology Program

Main Disease Reporting Phone Number

Phone: (727) 824-6932

AVAILABLE 24 HOURS A DAY

Fax: (727) 820-4270



2014-2015 Ebola Outbreak in West Africa - Update

as of November 13, 2015

- On November 7, 2015, the World Health Organization (WHO) declared the end of Ebola virus transmission in Sierra Leone after 42 days had passed since the second negative test of the last confirmed patient with Ebola in the country. The country has now entered a 90-day period of enhanced surveillance.
- According to WHO's November 11 situation report, no new cases were reported in Guinea in the previous week. There are currently 69 contacts being followed in Guinea, all scheduled to complete their 21-day follow-up period on November 14. One contact has been lost to follow-up.
- Although the situation has improved dramatically within countries with widespread transmission, there is continued potential for resurgence and translocation.
- As of November 10, 2015, enhanced entry screening was discontinued for travelers coming to the United States from Sierra Leone. Florida DOH is currently monitoring any travelers returning from the Centers for Disease Control and Prevention (CDC) designated Ebola-affected areas (currently, Sierra Leone and Guinea) twice-daily for 21 days.
- No confirmed cases of Ebola viral disease have been identified in Florida.

Additional information, including case counts and EVD affected areas, can be found here:

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>



Map: Days Since Last Case

The map depicts the total number of days since the last case of Ebola reported in the specific region.

Source: WHO: Ebola Response Roadmap, November 11, 2015

Legionellosis: Outbreaks and Case Investigations

By Andrea Leapley, MPH

Legionellosis is a bacterial infection caused by the *Legionella* bacteria. This bacteria is associated with two distinct illnesses: Pontiac fever (mild upper respiratory infection that resembles influenza) and Legionnaires' disease (a progressive pneumonia). The bacterium occurs naturally and grows best in warm water, including hot tubs, cooling towers, hot water tanks, and decorative fountains. When water contaminated with the bacteria becomes aerosolized, humans can inhale the droplets and become infected. The infection is not spread person to person. Symptoms usually appear 2-10 days after exposure and include cough, shortness of breath, fever, muscle aches, and headaches. Most healthy people exposed to the bacteria will not become ill. However, people over age 50, current or former smokers, people with chronic lung disease, or people with weakened or suppressed immune systems are at an increased risk of infection.

Pinellas County averages between 10-15 cases of Legionellosis each year. The infections tend to occur in patients over age 50, sometimes without any additional identified risk factors. Cases of Legionellosis are generally sporadic and unrelated; however, outbreaks do occur. According to the Centers for Disease Control and Prevention (CDC), outbreaks are generally associated with buildings or facilities with complex water systems, such as hotels, hospitals, or cruise ships. An outbreak is defined as two or more people who are exposed to *Legionella* and get sick around the same time period.

The United States has recently experienced several outbreaks of Legionellosis. To date, in 2015, the largest reported outbreak occurred in the South Bronx in New York City during July and August. By the time the outbreak was declared over, 133 people had become ill and 16 had died. Many cases were linked by bacterial DNA to the cooling tower at a nearby hotel. Morris Park, also in the Bronx, experienced a smaller outbreak in September, when 15 people were sickened and 1 died. Multiple cooling towers in the neighborhood were found to be positive for *Legionella* bacteria.

Outbreaks have also occurred elsewhere in the United States. In October in Washington state, four Legionellosis cases were suspected to be linked to produce misters in a local grocery store. An Illinois veteran's home is dealing with an ongoing outbreak that has so far sickened 54 and caused 12 deaths. Additionally, clusters linked to hot tubs, hotels, or cruise ships are also reported. These outbreaks can be more challenging to identify as patients may be spread over a large geographical area.

Legionnaires' disease cannot be distinguished clinically from pneumonia caused by other pathogens. If Legionellosis is suspected, a urine antigen test is often the most common diagnostic tool used to detect the bacteria. Of note, the antigen test only identifies serogroup 1, which is the most common cause of Legionellosis. Because all species and serogroups of *Legionella* are pathogenic, a culture of respiratory specimens is the gold standard for diagnosis. The treatment for Legionellosis outlined in the Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults.

Cases of Legionellosis should be reported to your local health department by the next business day following diagnosis.

For more information, visit the Centers for Disease Control and Prevention website: <http://www.cdc.gov/legionella/index.html>



Selected Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total			Pinellas County Annual Totals		
	October 2015	October 2014	Pinellas 2015	Pinellas 3 YR Avg.	Florida 2015	2014	2013	2012
A. Vaccine Preventable								
Measles				0	5			
Mumps				0	19			
Pertussis	3		12	13	288	19	17	10
Varicella	1	3	33	16	638	35	19	16
B. CNS Diseases & Bacteremias								
Creutzfeldt-Jakob Disease (CJD)			3	1	27			2
Meningitis (Bacterial, Cryptococcal, My-	1	1	4	3	107	4	5	6
Meningococcal Disease			1	0	21		1	
C. Enteric Infections								
Campylobacteriosis	9	12	161	75	3036	103	63	59
Cryptosporidiosis	10	25	41	90	759	240	19	29
Cyclosporiasis	3		3	2	26		5	1
<i>E. coli</i> Shiga Toxin (+)		1	6	13	383	6	7	8
Giardiasis	2	8	24	28	880	42	34	32
Hemolytic Uremic Syndrome (HUS)				0	4		1	
Listeriosis			2	1	35			5
Salmonellosis	24	37	175	182	5179	216	203	203
Shigellosis	23	2	167	15	1789	21	5	18
D. Viral Hepatitis								
Hepatitis A	1		4	3	97	2	6	4
Hepatitis B: Pregnant Woman +HBsAg	1	1	32	14	374	21	17	16
Hepatitis B, Acute	4	5	49	25	431	44	39	16
Hepatitis C, Acute	3	2	21	11	153	19	17	5
E. Rabies & Other Infections								
Animal Rabies			1	0	65	2		
Rabies, possible exposure	9	14	99	164	2757	190	193	201
Chikungunya Fever		3	2	3	115	10		
Dengue				1	49	1	2	3
Eastern Equine Encephalitis				0				
Lyme Disease	2		12	5	249	5	8	6
Malaria	1		2	2	32	3	1	2
St. Louis Encephalitis				0				
West Nile Virus			1	0	10			
F. Others								
AIDS**	10	14	103	115	2124	148	118	130
HIV**	31	34	274	194	5766	263	185	177
Chlamydia	356	384	3514	3368	n/a	3853	4141	3812
Gonorrhea	101	132	1187	1033	n/a	1295	1424	1029
Hansen's Disease				0	21			
Lead Poisoning: Children < 6 years:	3		6	6	213	8	4	2
Legionellosis	1	3	14	11	269	13	10	13
Mercury Poisoning			1	1	11	2		
Syphilis, Total	22	14	222	123	n/a	186	114	141
Syphilis, Infectious (Primary and Sec- ondary)	9	7	131	51	n/a	75	52	61
Syphilis, Early Latent	9	3	54	41	n/a	61	37	47
Syphilis, Congenital			3	0	n/a			
Syphilis, Late Syphilis (Late Latent; Neu- rosyphilis)	4	4	34	30	n/a	50	25	33
Tuberculosis	3	3	12	19	n/a	25	30	17
<i>Vibrio</i> Infections		1	7	10	166	10	11	10

n/a = not available at this time. Blank cells indicate no cases reported. Reportable diseases include confirmed and probable cases only. All case counts are provisional. Data is collected from the Merlin Reportable Disease database, surveillance systems maintained at the Florida Department of Health in Pinellas County, and Florida CHARTS <http://www.floridacharts.com/charts/default.aspx>.

*STD data in PRISM is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.

**Current HIV Infection data reflects any case meeting the CDC definition of "HIV infection" which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV. Newly reported HIV Infection cases do not imply they are all newly diagnosed cases. For a more detailed explanation on changes in reporting and changes in trends, please contact the Bureau of HIV/AIDS, Data Analysis Section.